

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

**097890381**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1	1			
3	1			1		
4		1	1			
5	4		1			
6	5		1			
7	6		1			
8	7		1			
9	8		1			
10	9		1			
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50						
TOTAL IND.			1			
TOTAL DEP.			1			
TOTAL CLAIMS			60	9		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

F-10-1360 (3-78)